



NicaSalud Network Federation

Families United for Health Project/USAID

TENTH TRIMESTER REPORT

July – September 2008

Managua, Nicaragua, October 2008





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ACRONYMS

ACH	Action against Hunger
ADP	Association for the Development of Small Towns
ADRA	Adventist Development and Relief Agency International
CARE	Cooperative for Assistance and Relief Everywhere
CDR	Regional Teaching Center
CEPS	Center for Social Studies and Promotion
CIES	Center for Health Studies and Research
COTESAN	Nutritional Food Security Technical Committee
CRS	Catholic Relief Services
DAIA	Assured Availability of Contraceptive Supplies
DPSV:	Life-Saving Skills
ECMAC:	Community Based Distribution of Contraceptives
FamiSalud	Families United for Health
HOPE	Health Opportunities for People Everywhere
HCI	Hope Clinic International
INPRHU	Institute for Human Promotion
IRH	Institute for Reproductive Health
M&E	Monitoring and Evaluation
MAGFOR	Ministry of Agriculture, Livestock and Forestry
MAIS	Integrated Health Attention Model
WDM	Water Disinfection Method
MINSa	Nicaraguan Ministry of Health
NGO	Non Governmental Organization
PASMO	Pan American Social Marketing Organization
PCI	Project Concern International
PLAN	Plan International Nicaragua
OAP	Annual Operational Plan
PROCOSAN	Community Program for Health and Nutrition
PROFAMILIA	Association for the Well-being of Nicaraguan Families
PRONICASS/USAID	Support Project for the Nicaraguan Social Sector/USAID
PROVADENIC	Nicaraguan Development and Vaccination Program
QAP/USAID	Quality Assurance Project/USAID
RAAN	North Atlantic Autonomous Region
RAAS	South Atlantic Autonomous Region
AIDS	Autoimmune Immunodeficiency Syndrome
SICO	Community Information System
SILAIS	Local Integrated Health Care System
SINAPRED	National System for the Prevention of Disasters
SIVIN	Integrated Surveillance System for Nutritional Intervention
ORS	Oral Rehydration Salts
STD	Sexually Transmitted Diseases
SSR	Sexual and Reproductive Health
TQM	Total Quality Method
UNAN	National Autonomous University of Nicaragua
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
HIV	Human Immune Deficiency Virus

I. INTRODUCTION

This document contains information regarding the activities carried out during the Tenth Trimester of the Families United for Health Project/USAID, corresponding to July-September, 2008.

For the purpose of reflecting on the project's level of advancement and focusing on the efforts to achieve the goals, an evaluation process was developed for the various project levels and thus includes the participation of various actors. Through this process, volunteer assemblies were initially developed along with meetings with personnel and health authorities to conclude with a large assembly with the project managers, SILAIS representatives and Federation and USAID authorities. According to those involved, there has been important programmatic advancement which has been made possible by the efforts of, and close coordination with, community volunteers, health personnel and technicians from NGO's.

During the evaluation process, a few areas for improvement were identified, and actions plans were elaborated for each sub-network in order to successfully achieve the goals. Among the immediate actions realized were visits to the organizations which have had programmatic and financial difficulties, and a review of the goals of the agreements reached with the donors, to be discussed in the body of this document.

In general, the project has benefitted 80% of the 1,102 communities, and the strategies have been gradually developed with the decisive support of the community, including recently initiated activities for the Prevention of STD-HIV, "Life-Saving Skills" and "Coloring for Health"

Damages caused by the heavy rains, as in the previous trimester, have slowed progress and some activities have had to be postponed. Information on the activities carried out follows in the accustomed order.

II. PROJECT PROGRESS ACCORDING TO RESULT

Result 1: Integrated Community Health Program (IHP) developed and implemented, contributing to the Integrated Health Attention Model (MAIS in Spanish) now known as the Family and Community Health Model (MOSAF in Spanish)

During this period, an evaluation of project progress was developed with the participation of volunteers, health personnel, technicians from NGO's, and authorities from the Federation and donor agencies. These individuals contemplated the level of success in reaching programmatic and financial goals and how results could be improved.

At the same time, established project goals were reviewed and contemplated with the participation of the office technical team and project managers.

R.1.1: Integrated Community Health Program Organized

▪ Review of Project Goals

Given that the announced reduction by 6.7% of the budget did not occur, the original goals of the project have been reinitiated. Nevertheless, this event obligates us to review the original goals, according to the commitments with the donor and the dynamic of the project during its implementation.

In order to understand this review, it must be mentioned that the goals presented in the previous trimester were calculated based on the "Estimated Population", data which were provided by the Ministry of Health (MINSA). For example, according the MINSA, the number of children under X years of age in X municipality was reported as 80, when in fact, upon carrying out a census, it was found that in reality there were only 30. For this reason, the proposed goals in many of the process indicators were over estimated.

To correct this, the following has been done: a) Goals have been proposed according to the results of the census carried out in the population in regard to the strategy to be implemented, y b) The agreement presented in the "Project Document", and the goals agreed upon in the "Fiscal Report Indicators" have been carefully reviewed. See **Appendix 1 for these goals.**

▪ National Evaluation of Project

For the purpose of including all actors in the development of FamiSalud, an evaluation session was held regarding programmatic progress and the budgetary execution of the projects. During this review, the factors which have facilitated or limited the ability to reach the goals proposed for the period evaluated were contemplated. At the same time, Action Plans were elaborated for each sub-network in which agreements were made regarding the scope of the programmatic and financial goals. Among the principal conclusions are found the following:

- Those in assistance mentioned that the review process was an opportune activity for driving us further toward obtaining results, and favored understanding on the local level, as well as in other forums, for the evaluation and planning of activities. The approaches of the work session and the Project have been objective and honest.
- It was recognized that important achievements have been made, many of which have not been quantified, and which have provided health benefits to the populations. These achievements are the result of the work effort and the endeavors in the field. At the same

time, the processes yet to be realized must be accelerated in order to achieve the goals, particularly those involving ECMAC, HIV-AIDS and water.

- MINSA personnel have recognized that FamiSalud/USAID in an important support for their actions and the attention provided to the population.
- The budget execution is being carried out by a variety of heterogeneous efforts – yet it still must be reviewed and stimulated in an efficient and effective manner.
- The execution of the improvement plan is important and must be made feasible with funding in order to achieve the expected results.
- Compliance with the Tiahrt Amendment must be monitored.

R.1.2: Managerial and technical skills of health personnel, volunteers and municipal councils strengthened

▪ Training Events

FamiSalud has experienced an important advancement in the execution of the activities. This has been made possible by the work carried out by NGO technical personnel, MINSA and above all, the community volunteers. Currently, 8,558 resources have been trained, of which 77% (6,632) were volunteers, 16% (1,371) were health personnel, 2% (163) were NGO technical personnel and 5% were other actors. The participation of the women in the various strategies stands out. The progress and cumulative totals of the trimester, according to area, are shown in Table 1.

Table 1

**Training Events
FamiSalud Project /USAID September 2008**

Topics Covered / Strategies	Human Resources Trained Jan – Mar 2008										Cumulative 2007 / Jan – Jun 08			Cumulative TOTAL		
	Hours	MINSA		TT*		CA**		Jul – Sept 08			M	W	Total	M	W	Total
		M	W	M	W	M	W	M	W	Total						
PROCOSAN	40	13	15	5	4	46	46	64	65	129	1134	1899	3033	1198	1964	3162
Birth Plan	24	58	82	9	3	140	282	207	367	574	911	1825	2736	1118	2192	3310
Life Saving Skills	32	0	2	4	5	2	103	6	110	116	53	190	243	59	300	359
ECMAC	16	12	34	4	7	35	72	51	113	164	292	786	1078	343	899	1242
HIV Prevention	16	4	11	4	3	19	49	27	63	90	158	283	441	185	346	531
Water Disinfection Methods	12	44	31	17	11	146	191	207	233	440	604	1042	1646	811	1275	2086
Behavior Changes	24	1	5	8	10	0	0	9	15	24	9	24	33	18	39	57

*TT: Technical Team, **CA: Community Agents

Source: FamiSalud Information System/USAID.

MINSA personnel who participated in the “National Project Evaluation” mention that they have been able to train the volunteers due to the fact that the project has been well accepted in the community. Dr. Norlan Ojeda, of MINSA’s SILAIS in Jinotega “is grateful for the presence of the project in the region and the support of the SILAIS can be counted upon.” Other factors mentioned include: good coordination between the actors regarding activity development, the strategies developed for the project strengthen MINSA’s and MOSAFC’s community work, and facilitate closeness with the community and technical collaboration with the health personnel.

MINSA personnel have recommended that the information regarding activities and trained volunteers should be collected using institutionalized formats in order to properly manage the information: "If the information is not collected in an institutionalized format, the SICO will not be included." Another limitation mentioned is that approximately 7% of the trained volunteers had abandoned the community work for reasons of studies, work migration, personal plans (marriage, religious commitments, etc.).

R.1.3: Health strategies to improve and broaden health services and provide education in maternal-child health and sexual-reproductive health developed

Community Organization and Participation

According to the established goals, the geographic coverage of the project reaches 82%, with strategies implemented in 1,102 communities. This effort was made possible by the coordinated work of volunteers and health personnel in the 315 health units. PROCOSAN is the strategy with the greatest coverage, followed by Birth Plan. The rest of the strategies progress gradually, and an improvement in the rate of progress is anticipated in the next semester, given that following the project evaluation on a national level, specific action plans have been adopted and realized in each sub-network for this purpose. The community coverage by strategy can be seen in Table 2.

Table 2

**Community Coverage by Strategy
FamiSalud Project /USAID September 2008**

Strategies Implemented	Goal	Carried Out		Cumulative	Level of Compliance
		2007- 1st Semester 08	Jul - Sept 08		
Communities attended by the project	1342	1040	62	1102	82%
Health Units attended by the project	333	311	4	315	95%
PROCOSAN	1200	956	54	1010	84%
Birth Plan	537	348	65	415	77%
Life-Saving Skills	537	48	144	192	36%
Community Distribution of Contraceptives	403	171	78	249	62%
HIV Prevention Strategy	403	98	101	199	49%
Water Disinfection Method	537	207	60	267	50%
Behavioral Change Method	56	25	0	25	45%
Schools Coloring for Health	83	13	47	60	72%

Source: FamiSalud Information System/USAID.

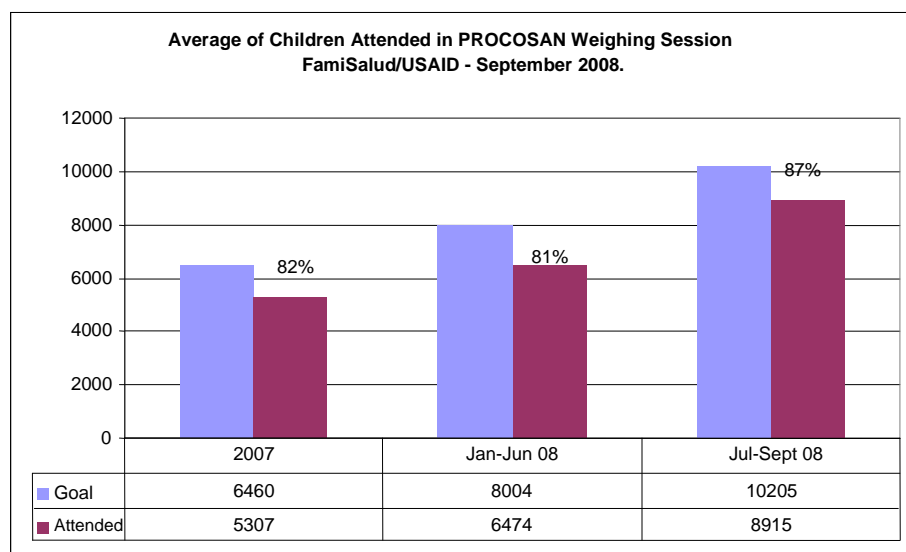
Child Health

The attendance of children in the weighing sessions since the beginning of 2007 has increased by 5%. During the trimester, an average of 8,915 children under 2 years were attended, which corresponds to 87% of the proposed goal. See Graph 1.

The attendance of children under 2 years in the weighing sessions has improved by 6%, indicating that the motivation and participation of the mothers in the PROCOSAN activities is growing. This improvement has been made possible by the work developed by the trained community personnel, the accompaniment of MINSA and the

NGO's in the weighing sessions and the storage of materials for carrying out this strategy.

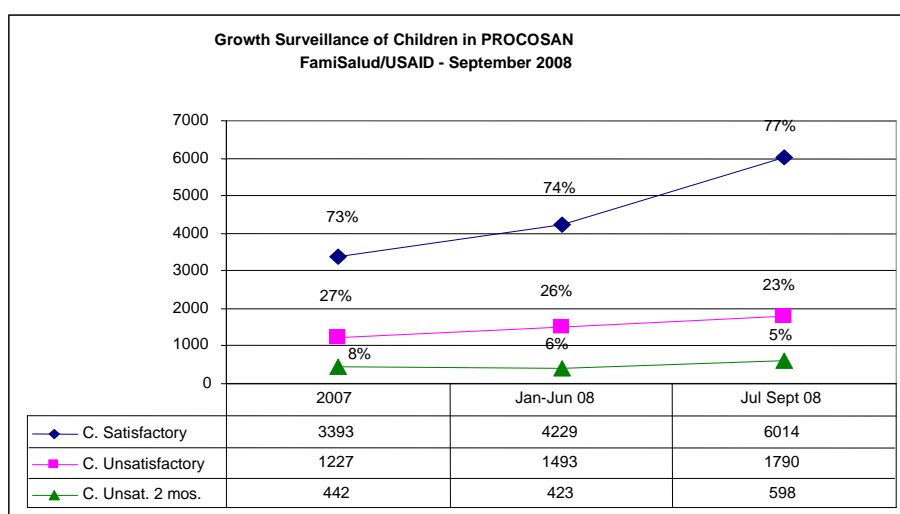
Graph 1



Source: FamiSalud Information System.

The level of Satisfactory Growth of the children who attend the weighing sessions has improved by 4%, increasing from 73% to 77% in this trimester. The average number of children with Unsatisfactory Growth for two consecutive months has dropped from the 8% average registered in 2007 to 5% in this tenth trimester. See Graph 2.

Graph 2



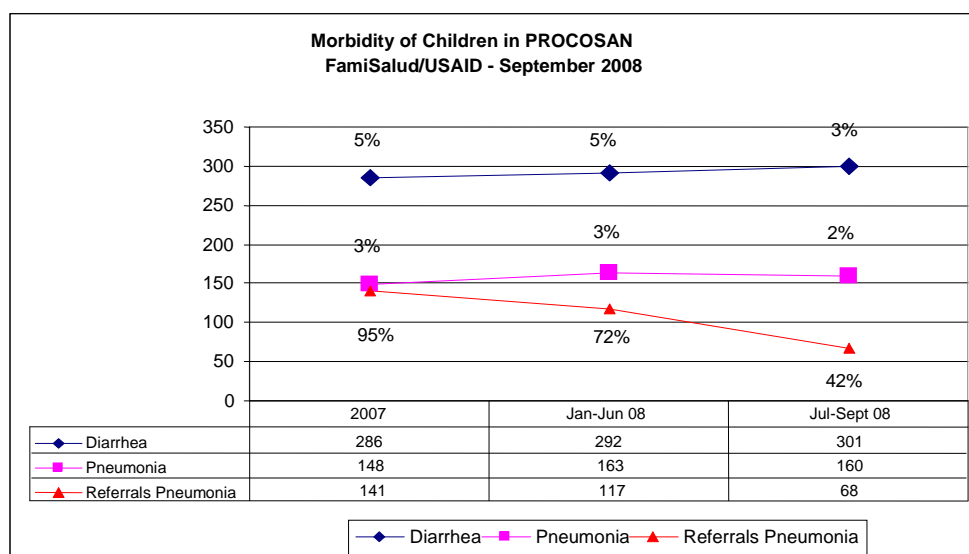
Source: FamiSalud Information System.

The coverage of children attending the weighing sessions in terms of Complete Vaccinations for their age has improved 3% (from 92% to 95%). This high percentage

of vaccination coverage is due to the fact that many of the weighing session have coincided with MINSA medical brigades or the health personnel that accompany the prior weighing sessions bring, according to the census, the biological supplies for the children who are waiting.

Regarding Morbidity Surveillance, cases of diarrhea have dropped from 5% to 3%. All cases were treated with ORS and counseling for home management or opportune visits to health care providers in the presence of danger signs. Cases of pneumonia have dropped from 3% to 2%. What is worrisome is that only 42% of these cases were referred to the health unit for skilled care. See Graph 3. The drop in referrals has been present since the beginning of this year, and coincides with the beginning of the weighing sessions in the Atlantic (north and south) regions, where the communities are very difficult to access, taking 1 or 2 days to reach the Health Unit. As a result, many mothers opt for home care for respiratory problems. Another possible cause which is being reviewed is that the trained health brigade workers do not have a very clear idea of the clinical criteria for classifying pneumonia. There has been communication with the local MINSA and it has been proposed that visits be made together to the communities, to strengthen the abilities of the volunteers in the surveillance of morbidity and treating the respiratory infections detected during the weighing sessions.

Graph 3



Source: FamiSalud Information System.

▪ Sexual and Reproductive Health

Family Planning. The activities in this component have improved significantly due to the efforts of health volunteers trained in this area. Of the 33,852 individuals (men and women) established as the goal among those 15 to 49 years of age, messages regarding Family Planning (FP) and Reproductive Health (RH) have been transmitted to 77% (26,081). See Table 3. The volunteer personnel, (for the most part women), reveal that discussing these topics with the men has been difficult, in spite of the improvement seen in this trimester. The cultural aspects or myths that exist in relation to these topics in the rural area, is one of the principal reasons for the difficulty in reaching this group. Another reason making contact difficult are their work schedules. To overcome these barriers, it is being proposed that more male volunteers be trained as facilitators to increase coverage in this group.

Another limitation encountered is that some Health Units do not have contraceptive methods to supply the ECMAC posts (community distribution of contraceptive methods). To overcome this, appropriate coordination activities are being done on the Ministry of Health level to insure that the supplies are collected and stored.

Table 3
Persons who have received messages regarding Family Planning and Reproductive Health
FamiSalud Project /USAID - September 2008

INDICATOR	Goal	Carried Out		Cumulative	Level of Compliance
		2007 – 1st Semester 08	Jul - Sep 08		
Number of women who received messages regarding FP and RH	24,180	14195	4742	18937	78%
Number of men who received messages regarding FP and RH	9,672	4094	3050	7144	74%
Number of women trained for ECMAC	4,836	1707	1686	3393	70%

Source: FamiSalud Information System.

Tiaht Amendment. For the surveillance of compliance with the regulatory framework in Family Planning (Tiaht Amendment), a validation process was developed for the “User Interview” instrument, included in the Appendix. From this instrument, two interview guides were prepared, one to be filled out by the FamiSalud/USAID project technicians in the Health Units.

One of the guides was applied as an exit survey for the user who had received attention for contraceptives in the Health Post in communities implementing the Community Distribution of Contraceptive Methods (ECMAC), and the other was applied directly to the women in the communities implementing ECMAC.

The validation included a first review of the instruments with the team from the participating organizations which participated in the preparation of the instruments, and another review later with partners such as IRH, PASMO y HCI where some contributions were received.

The instruments were tested in the SILAIS of Chontales, Chinandega, Boaco and Jinotega (see table below). Three Health Posts were visited for each municipality, on the condition that the Health Unit implement the ECMAC strategy or Birth Plan. The exit interviews were conducted in these posts to three women who received attention in FP on the day of the visit. The communities in which the instrument was validated were:

SILAIS	Municipio	Comunidad
Jinotega	San José de Bocay	La Unión de Ayapal
		Piedra Colorada
		Agua Sarca Abajo
Chontales	Santo Tomás	El Mono I
		El Mono III
		El Guabo

SILAIS	Municipio	Comunidad
Chinandega	Cinco Pinos	Araditos
		Tamarindo
		Cedros
		Guayabilla
		Las Marías
		La Flor
Boaco	Boaco	Las Mercedes
		San José del Portón
		San Isidro I

In these communities the instrument was directed toward the users – three women in each community.

After the application of both instruments, adjustments were made according to the women's understanding of the questions, their reactions to them, the way they were written and the logical sequence in the structure of the questionnaire. Additionally, some questions were added, others were omitted and in others, the phrasing was improved for comprehension.

At the end, the conclusion was made to only use the instrument to monitor compliance with the Tiaht requirements on the community level. The interview guide appears in the Appendix. It will be applied every six months to the women who are users of the MAC in the communities implementing the ECMAC and Birth Plan strategies in the FamiSalud/USAID project. A report will be submitted to USAID regarding the results of the monitoring by trimester (according to the progress in the collection of data).

Birth Plan. (PPMS). MINSA has demonstrated much interest in the implementation and dissemination of this strategy given that among their principal goals is the reduction of Maternal Mortality. In this area, MINSA has recognized the project's role in strengthening the managerial capacity of its personnel and that of the health brigade workers, through the trainings of the Birth Plan and the Life-Saving Skills. As well, these strategies have contributed to an increase in prenatal attention coverage and in institutional births. The progress can be seen in Table 4.

Table 4

**Maternal Health
FamiSalud Project /USAID September 2008**

INDICATOR	Goal	Carried Out		Cumulative	Level of Compliance
		2007- 1st Semester 08	Jul - Sept 08		
Number of pregnant women registered	4296	1718	1659	3377	79%
% of pregnancies with Birth Plan		1543	1417	2960	88%
% of women who gave birth in a Health Unit		851	627	1478	86%
Number of post partum women registered	3437	780	934	1714	50%
% of women who spent post partum in the Health Unit		840	674	1514	88%
% of post partum women with a BP, who use contraceptives		551	596	1147	67%

Table 4

Maternal Health
FamiSalud Project /USAID September 2008

INDICATOR	Goal	Carried Out		Cumulative	Level of Compliance
		2007- 1st Semester 08	Jul - Sept 08		
% of post partum women or newborns who received a visit in first three days		719	565	1284	75%

Source: FamiSalud Information System.

The Birth Plan has been recognized as a strategy which has contributed to improving health indicators and the health of pregnant women. In the SILAIS of Siuna, RAAN, for example, the municipal director, Dr. Noel Espinoza, has seen a decrease in maternal deaths, from 6 deaths last year to 3 deaths in 2008, for the same period of time. In Waspam, Celestine Pedicle related that “the Birth Plan has contributed to the reduction in maternal deaths in the Rio Arriba region, from 3 deaths last year down to 2 reported this year.” In El Jicaro, Nueva Segovia, the municipal director of MINSA, Dr. Eduardo Lopez Delgado, reported that the Birth Plan is implemented in 16 communities and asserted that “one community which was previously considered unreachable due to the fact that the majority of the births took place at home, has, for the past year, seen all its births take place in the Health Unit and feels that this is due to the Birth Plan and the accessibility of the “Maternal House.”.”

One of the limitations that has been presented in terms of strategy implementation is with the health personnel on the second level (hospital), who are little prepared for community work, this being reflected in the counter-referrals. Another limitation is the cost of implementation. The cost is higher than the amount budgeted.

STD-HIV: Important advancement has been made in this strategy due to the work effort of the trained volunteers. According to the goal (17,000), 58% (9,873) of the individuals (men and women) between the ages of 15 and 49, have received messages regarding preventing STD-HIV, with abstinence and fidelity. Of the goal of 9,000 men and women between the ages of 20 and 49, 56% have received messages regarding preventing STD-HIV using a condom. See Table 5.

Table 5

STD-HIV
FamiSalud Project/USAID September 2008

INDICATOR	Goal	Carried Out		Cumulative	Level of Compliance
		2007- 1st Semester 08	Jul - Sept 08		
% of women who received messages re: STD-HIV prevention with Abstinence and Fidelity	11500	2359	3824	6183	54%
% of men who received messages re: STD-HIV prevention with Abstinence and Fidelity	5500	1629	2061	3690	67%
% of women who received messages re: STD-HIV prevention using a condom	6000	1015	1891	2906	48%
% of men who received messages re: STD-HIV prevention using a condom	3000	496	1644	2140	71%

Source: FamiSalud Information System.

The completion of the Qualitative Investigation regarding perceptions, knowledge and behavior in the rural population, in the area of STD-HIV, has permitted the construction of a methodology for covering this topic within this population.

Based on this methodology, training procedures have been developed for personnel involved in the Project. This has contributed to the improvement in indicators related to methods of prevention.

▪ **Environmental Health**

Safe Water. A total of 267 communities implement the Safe Water strategy, allowing us to add 422 new families which use at least one method of disinfection of water for domestic use. See Table 6.

Table 6

Environmental Health
FamiSalud Project /USAID September 2008

INDICATOR	Goal	Carried Out		Cumulative	Level of Compliance
		2007- 1st Semester 08	Jul - Sept 08		
% of families with children < 5 yrs with water treated by some method	11,000	9018	422	9440	86%
% of liters of water treated by some methods by the family	9,900,000	3058940	1900469	4959409	50%

Source: FamiSalud Information System.

Avian Influenza. Training activities for the prevention of Avian Influenza have continued. Eight workshops were held, seven of which covered the use and management of Rotafolio (flip chart on an easel) in Prevention and Biosecurity by health professionals, MAGFOR technical personnel, university students, and personnel from the National Association of Poultry Farmers and Food Producers (ANAPA). The remaining workshop covered Rapid Response Teams with personnel from MINSA and technicians from the SILAIS RAAS. See Table 7.

Table 7

Avian Influenza
FamiSalud Project /USAID September 2008

Topics Covered / Strategies	Hours	Human Resources Trained									Cumulative 2007 Jan - Jun 2008			Total		
		MINSA		ET ¹		Other ²		Jul - Sept 2008								
		M	W	M	W	M	W	M	W	Total	M	W	Total	M	W	T
Prevention and Biosecurity	24	0	0	6	9	70	50	76	59	135	128	100	228	204	159	363
Rapid Response Teams	32	15	6	0	0	0	0	15	6	21	112	112	224	127	118	245
Total		15	6	6	9	70	50	91	65	156	240	212	452	331	277	608

¹ NGO Technicians, ² ANAPA: National Association of Poultry Farmers and Food Producers, MAGFOR.

Next Steps

- Accompaniment and monitoring of the projects' "Improvement Plans" in the various regions of the country.

- Provide continuity to the interest groups regarding Project results (Avian Influenza, Monitoring and Evaluation, Sexual and Reproductive Health, Child Health).
- Programmatic and financial monitoring of the FamiSalud projects in the sub-networks.
- Continue the training process in strategies for the network of volunteers from the communities to incorporate the sub-networks.
- Develop evaluation processes for the level of accomplishment of the programmatic and financial goals by Project and by sub-network.
- Reproduce and distribute educational materials and provide monitoring of the strategies.
- Presentation of the proposed Manual of Epidemiological Community Surveillance to the members of the Avian Influenza Interest Group of the NicaSalud Network Federation.
-

Result 2: Managerial capacity of NicaSalud Network Federation strengthened

R.2.1: Accounting Procedures by Project

Follow-up has been given to donor provisions and established norms contained in the operations manuals of the Federation in regard to financial administrative functions carried out for the FamiSalud/USAID project, including: requests for check disbursement, contracts and acquisitions, file completion, meeting minutes, attendance lists, file notes, etc. In addition, the Financial Audit of the project was begun by an external auditing firm, in this case, KPMG.

The exoneration card was used to buy goods and services. The amount exonerated is C\$ 898,076.56, which has been duly reported to the General Revenue Office. As well, an efficient mechanism has been established to control the delivery and return of these goods with the projects, the project personnel having received technical assistance regarding adequate use and reporting.

R.2.2: Budget Tracking by Project

The financial and programmatic visits of accompaniment were continued to the organizations with low levels of compliance or budget sub-execution. They were given technical and financial support to overcome their weaknesses. In the same activity, advancements in the Improvement Plan were verified, in accordance with the defined activities, completion dates and executing authorities.

R.2.3: Indirect Federation Costs Defined

Advancement is gradually being made in the registration and reporting of the actions covered by the established compensation costs. The reports are done according to the adjustments to the agreed upon amounts with each sub-contracting organization. Disbursements were carried out with the organizations which were identified as having the potential to contribute a larger amount and where a greater commitment has been obtained.

R.2.4: Assignment of financial resources and program monitoring of sub-contractors implemented according to solicitations

The sub-contractors' Addendum to funding, reflecting the 6.7% reduction, was elaborated and signed. New addenda are being prepared corresponding to the third year of project execution. With the organizations showing good budgetary and programmatic execution, the amount budgeted will be increased based on the budget items assigned by USAID. For this purpose, adjustments are being made to the projects' budget, goals and operational plans.

R.2.5: Procedures and standard norms for the acquisition of goods, works and services

A Project acquisitions plan was elaborated for the period June 2008 to September 2008, in coordination with the technical and programmatic personnel, adjusted to the approved budget for the third year of FamiSalud/USAID. In the same vein, control and monitoring of the solicitations turned in and the services received is taking place.

Next Steps

- Follow-up on the Improvement Plans that guarantee good Project development.
- Consolidate the process of registering and reporting compensation costs from the sub-contractor organizations receiving funding to the technical office.
-

Result 3: Strengthening of the Federation in networking and policy impact

R.3.1: Strengthening of the Federation's institutional capacity

- **Strengthening Networking. Check the black writing below to see if it is included in the new blue writing somewhere....**

The networking aspect of the Project is reflected in the following activities:

- Trimester work sessions with members of the sub-networks to share experiences and reflect upon programmatic progress and limitations, as well as the collective search for solutions to problems encountered. These take place principally in the North, Las Segovias and in the West.
- Cooperation between the Network's NGO's which implement the Project has resulted in the following actions:
 - ✓ Materials on strategies have been shared, for example, the anatomical models used in the North and then in the sub-network in Las Segovias, for the training of midwives in the Life-Saving Skills strategy (DPSV)
 - ✓ Collaboration among the NGO's regarding the methodologies and documentation which support the training processes, and sharing this information with the health volunteers, eg. the coordinator of ALISTAR or INPRHU covered topics in the DPSV training carried out by IXCHEN.
- Strengthening NGO technical capacities:
 - ✓ In conjunction with CARE and the technical office, a workshop was developed regarding Monitoring and Evaluation of Programs directed toward the membership of the sub-network of Las Segovias.

- ✓ Follow-up reports have been developed with all the NGO's executing FamiSalud for an individual review of Project progress and strengthening of the Improvement plans.
- ✓ An important activity in networking was the work session with all the FamiSalud/USAID Project coordinators and representatives from the local MINSA (SILAIS) to evaluate the achievements, obstacles, limitations and improvement proposals. In each of the program interventions, lessons learned were shared, as well as better practices in the development of strategies and practical methodologies for carrying out the work.

R.3.2: Strengthening the Federation's role in policy impact

- The Network's Board of Directors and the Members' Assembly reorganized the Impact Commission in order to provide continuity in the elaboration of an Impact Plan. The Commission is now comprised of: FUNDEMUNI, ACH, PROFAMILIA, Padre Fabretto Family Foundation, ALISTAR, ADRA and CARE, with facilitating support from the official for Network and Impact, from the technical office. The methodology design has been worked upon with PROFAMILIA, based on the concept of "learning-doing", for the workshop in which the Impact Plan will be elaborated. In addition, a proposal has been prepared with the Commission for topics of impact to be presented to the membership for its execution.
- A **Coalition for Sexual and Reproductive Rights** was formed by the individuals whose objective is to have the Ministry of Education include the topic of Integrated Sexual Education in the curriculum of the students in the educational system. The organizations in this coalition are: PROFAMILIA, PASMO, ICAS, PATH and CEPRESI.
- **Humanized Care during Birth and Birthing** is a topic to be covered with MINSA, with the collaboration of a Chilean aid worker (OB/GYN), who has offered assistance in this topic on a voluntary basis. MINSA and the organizations consulted have shown interest and are contemplating involving other key actors such as the Society of OB/GYN's and the country's maternal-child hospitals.
- Along with the National Pro-Breast Feeding Alliance, there was participation in the organization of the Tenth National Breast Feeding Faire for the purpose of promoting **Breast Feeding**. Among the activities were:
 - ✓ Press Conference in which the activities for the commemoration of World Breast Feeding Week were made known, in which FamiSalud/USAID is participating.
 - ✓ Transmitting messages promoting Breast Feeding, with the support of the personnel from the Blue Bus and the use of diverse murals reflecting the activities being developed with FamiSalud/USAID related to this topic.
 - ✓ Breast Feeding Forum, supported by World Vision and FamiSalud, in which was discussed the topic: Working Women and Breast Feeding. There was participation within the same theme, in a forum organized by MINSA, covering the topic: Civil Society Contributions in Support of Breast Feeding.
- There was participation in two working sessions of the **National Alliance for Child Health and Development** held in MINSA Central in which the agenda for the ceremony of the launching of the constitution of the Alliance was developed.
- Support was provided to the MINSA's Health Promotion sector and to UNFPA for the methodological design for sharing experiences in the implementation of: Birth Plan, ECMAC, Cultural Adaptation of Delivery Care and Birthing Houses. Participating in this activity were health personnel from 6 SILAIS, prioritized by country maternal mortality: Jinotega, Matagalpa, RAAN, RAAS, Chontales and Rio San Juan. The technical office of NicaSalud and organizations executing FamiSalud also participated.

- In coordination with MINSA Central and UNFPA, revisions and technical-conceptual elements related to the new model of family and community health, and the National Reproductive Health Strategy were incorporated into the Birth Plan for a Safe Pregnancy manuals. The co-financing of the reproduction of the materials on a national level has been coordinated with UNFPA.
- Participation in meetings of the DAIA (Assured Availability of Contraceptive Supplies). Meetings with partners from USAID to review common actions in the area of Family Planning.

Next Steps

- Participation in the Technical Committee for Food Nutrition Security (COTESAN) according to programming by the General Secretariat.
- Continue with actions oriented toward monitoring, improving and approval of the Federation's Institutional Strengthening Plan.
- Consolidate the Federation's Impact Commission to provide follow-up to previous commitments regarding the Network's Impact Plan.
- Give follow-up to the commitments with inter-institutional commissions with FamiSalud project objectives.
- Promote the development of the experience sharing meeting among the membership in the last trimester of 2008.
- Finalize the Birth Plan Manuals: Improve the illustrations in the manual of the Community Network and edit, add diagrams and reproduce all the documents.

III. FINANCIAL EXECUTION

Financial progress for the trimester corresponding to July to September 2008 are presented below, along with the analysis of the disbursements received and the budgetary execution.

Disbursements Received

In this trimester four disbursements were received, totaling **US\$784,331.91**, including the disbursement for September, deposited in the bank account in the month of October.

The total of disbursements received is **US\$ 5,712,413.59** until the 30 of September of 2008. This amount represents 75% of the obligated total, made official in July 2008 corresponding to the first three years of the FamiSalud/USAID Project, the total funding amount being **US\$ 7,576,500.00**.

As part of the accounting procedures, the total interest generated during the second year, **US\$ 6,449.23**, was turned over to USAID.

Budget Execution

The budget execution for the tenth trimester is **US\$ 662,842.61** and the cumulative budget execution up to September 30, 2008 is **US\$ 5,514,136.79**; this amount represents 77% of the total budget for the three years, this being **US\$ 7,195,333.00**. The Budget Execution is detailed in the following table.

Table 8

Budget Execution by Area, by Year and Cumulative
FamiSalud Project /USAID September 2008

BUDGET CATEGORY	Budget of Year I - III	EXPENSES				Budget Remainder 3 Years	% of Execution
		I Year	II Year	III Year	Total		
Personnel	1,061,822.00	311,014.85	370,421.85	164,458.48	845,895.18	215,926.82	80%
Benefits	441,141.00	128,597.62	137,709.62	70,584.94	336,892.18	104,248.82	76%
Trips	246,381.00	38,011.34	87,908.18	38,473.47	164,392.99	81,988.01	67%
Equipment	132,389.00	120,572.11	8,827.89	81.00	129,481.00	2,908.00	98%
Supplies and Services	267,350.00	80,886.25	77,240.15	49,542.96	207,669.36	59,680.64	78%
Sub-contracts	5,046,250.00	1,092,994.21	1,836,566.81	900,245.06	3,829,806.08	1,216,443.92	76%
Total	7,195,333.00	1,772,076.38	2,518,674.50	1,223,385.91	5,514,136.79	1,681,196.21	77%

The budget execution by area, by cumulative trimester for years I, II and that relating to the 9th and 10th months, from July to September of the present year of the FamiSalud/USAID Project are presented below. See Table 9

Table 9

Budget Execution by Area, by Trimester and Cumulative
FamiSalud Project /USAID - September 2008

BUDGET CATEGORY	Budget to September 2008	I Year	II Year	9th Trimester	10th Trimester	Cumulative	Balance
Personnel	875,385.43	311,014.85	370,421.85	83,455.09	81,003.39	845,895.18	29,490.25
Benefits	363,707.53	128,597.62	137,709.62	38,965.52	31,619.42	336,892.18	26,815.35
Trips	192,387.42	38,011.34	87,908.18	18,742.93	19,730.54	164,392.99	27,994.43
Equipment	132,389.00	120,572.11	8,827.89	81.00	0.00	129,481.00	2,908.00
Supplies and Services	222,707.87	80,886.25	77,240.15	21,773.25	27,769.71	207,669.36	15,038.51
Sub-contracts	4,235,665.46	1,092,994.21	1,836,566.81	397,525.51	502,719.55	3,829,806.08	405,859.38
Total	6,022,242.70	1,772,076.38	2,518,674.50	560,543.30	662,842.61	5,514,136.79	508,105.91
					Per cent	91.56%	8.44%

Disbursements to Sub-Contractors

The total amount of disbursements to sub-contractors up to the 30th of September 2008 is **US\$ 462,758.76** in this trimester and the cumulative total of the 10 trimesters is **US\$ 3,378,785.10**, which represents 84% of the total budget for sub-donations, which total **US\$4,037,704** for the three years. The following table shows the amount disbursed by organization during this trimester.

Table 10

DISBURSEMENTS OF JULY TO SEPTEMBER TRIMESTER, 2008 FAMISALUD PROJECT /USAID (TENTH TRIMESTER)	
DESCRIPTION	DISBURSEMENTS
NORTH	86,242.86
PROJECT CONCERN INTERNATIONAL	11,105.44
WISCONSIN NICARAGUA, PARTNER OF THE AMERICAS	11,396.49
CARE-NORTH	37,610.23
PROJECT HOPE -NORTH	15,703.76
ARCO IRIS	7,372.97
CATHOLIC RELIEF SERVICES (CRS)	3,053.97
SEGOVIA	116,127.92
ALISTAR NICARAGUA FOUNDATION	18,805.82
CARE- SEGOVIAS	27,394.76
INPRHU-SEGOVIAS	22,641.61
ACTION AGAINST HUNGER (ACH)	17,890.88
CEPS-SEGOVIAS	10,467.77
IXCHEN -SEGOVIAS	18,927.08
WEST	83,801.41
SAVE THE CHILDREN USA-WEST	83,801.41
CENTRAL	110,842.16
ACTION AGAINST HUNGER (ACH-R	47,099.40
ACTION AGAINST HUNGER (ACH-C	12,888.94
PROJECT HOPE - BOACO	18,234.77

DISBURSEMENTS OF JULY TO SEPTEMBER TRIMESTER, 2008 FAMISALUD PROJECT /USAID (TENTH TRIMESTER)	
DESCRIPTION	DISBURSEMENTS
CEPRESI-(CENTER FOR AIDS EDUCATION & PREVENTION)	15,803.14
PROFAMILIA - RIO SAN JUAN	16,815.91
ATLANTIC	65,744.41
ALISTAR FOUNDATION NICARAGUA - WASPAM	30,880.14
IXCHEN (Promotion of Sexual and Reproductive Health for Women	18,635.15
PLAN NICARAGUA-RAAN	6,790.90
INPRHU - RAAS	9,438.22
GRAND TOTAL	462,758.76

IV. APPENDICES

Appendix 1. Project Goals

Goals for Coverage by Strategy FamiSalud/USAID September 2008

Coverage by Strategy	GOAL
Communities attended by the project	1,342
Health Units attended by the project	333
Communities with PROCOSAN	1,150
Communities with Birth Plan	537
Communities with Life Saving Skills DPSV	537
Communities with ECMAC	403
Communities with HIV Prevention Strategies	403
Communities with Water Disinfection Method	537
Municipal Health Councils	68
Communities with Community Based Distribution of Medicines	8
Communities with Behavioral Change Methodology	56
School Hygiene and Sanitation (Coloring for Health)	83

Benefitted Population Goals FamiSalud/USAID September 2008

Population Benefitted	GOALS
Children under 2 yrs to be attended	12,075
Women who will receive messages regarding Family Planning and Reproductive Health	24,180
Men who will receive messages regarding Family Planning and Reproductive Health	9,672
Pregnant Women with a Birth Plan	4,296
Women who will give birth and be attended post partum in a Health Unit	3,437
Post partum women and newborns who will receive a visit in the first 3 days post partum	2,749
Women who will receive messages regarding HIV-AIDS prevention Abstinence and Fidelity	11,500
Men who will receive messages regarding HIV-AIDS prevention Abstinence and Fidelity	5,500

**Benefitted Population Goals
FamiSalud/USAID September 2008**

Population Benefitted	GOALS
Women who will receive messages regarding HIV-AIDS prevention with condom	6,000
Men who will receive messages regarding HIV-AIDS prevention with condom	3,000
Families with children under 5 yrs who use a method to treat their water	11,000
Liters of water treated with a disinfection method	9,900,000
# of children incorporated in Coloring for Health	3,675

Appendix 2. Follow-up Instrument Tiahrt Amendment



USAID | NICARAGUA
FROM THE AMERICAN PEOPLE

User Interview in the Community

Date of visit: _____

Evaluator (name, project): _____

Health Unit of Community Visited: _____

Municipality, Department: _____

Director/Authority FP: _____ **Signature:** _____

Recommendations for conducting the interview:

1. *Introduce yourself to the user, tell them where you work and explain purpose of interview.*
2. *Get their consent before doing the interview.*
3. *Emphasize the confidential nature of the information that is given.*
4. *Clear up any uncertainties that the user might have over what has been discussed.*
5. *Inform the user that they can terminate the interview at any time.*

Age of User: _____ **Sex:** F [] M [] **No. of living children** _____

Question	Response (Check)	Commentary/Follow-up
1. Do you currently use some form of family planning?	Yes [] No []	If the answer is NO, terminate the interview.
2. What method are you using?		
3. Where do you obtain the method you are using?		
• Health center, post or hospital?	Yes [] No []	
• Private pharmacy?	Yes [] No []	If the answer is YES, terminate the interview.
• Other place?	Yes [] No []	If the answer is YES, terminate the interview.
4. When was the last time you visited a health unit to obtain your method of family planning?		
• Three months or more?	Yes [] No []	If the answer is NO, terminate the interview.
5. About which methods were you informed when you decided to use family		

Question	Response (Check)	Commentary/Follow-up
planning?		
• Oral	Yes [] No []	
• Hormone injections (Depo)	Yes [] No []	
• IUD	Yes [] No []	
• Condom	Yes [] No []	
• Male sterilization	Yes [] No []	
• Female sterilization	Yes [] No []	
• Natural Methods (LAM, Collar)	Yes [] No []	
• Other	Yes [] No []	Which:
6. Which method did you choose?		
• Oral	Yes [] No []	
• Hormone injections (Depo)	Yes [] No []	
• IUD	Yes [] No []	
• Condom	Yes [] No []	
• Male sterilization	Yes [] No []	
• Female sterilization	Yes [] No []	
• Natural Methods	Yes [] No []	
• Other	Yes [] No []	Which:
• None	Yes [] No []	
7. What kind of information did you receive regarding the method you chose?		
• How it functions	Yes [] No []	
• Method of use	Yes [] No []	
• Adverse reactions	Yes [] No []	
• Benefits	Yes [] No []	
• Disadvantages	Yes [] No []	
• Other	Yes [] No []	
8. Have you voluntarily, and in an informed manner, on a method of Family Planning?	Yes [] No []	
9. Have you felt pressured by the person who attended you, to accept a method of Family Planning?	Yes [] No []	
10. ¿Have you received any kind of stimulus to accept a method of Family Planning?	Yes [] No []	Which:
11. Have you paid to receive methods of Family Planning?	Yes [] No []	When: Where:
12. Have you had problems in being attended due to your not accepting a method of family planning?	Yes [] No []	If yes, explain:

ONLY FOR PERMANENT METHODS: If you opted for surgical sterilization		
13. Did you receive any information on:		
• The existence of other methods of Family Planning available?	Yes [] No []	
• That the method is definitive or irreversible?	Yes [] No []	

• That the method requires surgery?	Yes []	No []	
• That the method could fail, since no method is 100% effective?	Yes []	No []	
• That the procedure carries a risk?	Yes []	No []	
• That the method does not protect you from a sexually transmitted infection nor from HIV-AIDS?	Yes []	No []	
14. Did you sign a document giving your permission or informed consent?	Yes [] N/A []	No []	

Observations: